FORM D

SEC 1972 (6/02): Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

UNITED STATES SECURITIES AND EXCHANGE COMMISSIONED Washington, D.C. 20549

FORM D

JUN 2 6 2002

SEC USE ONLY Prefix Serial

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OMB Number:

hours per response.

Expires:

.**P**PROVAL

3235-0076

May 31, 2005

DATE RECEIVED

NOTICE OF SALE OF SECURATIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an ame	ndment and name has changed, and indicate c	hange.)				
Unit Private Placement						
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506	Section 4(6) ULOE				
Type of Filing: New Filing Am	endment					
	A. BASIC IDENTIFICATION DATA					
1. Enter the information requested about the	issuer					
Name of Issuer (check if this is an ame	ndment and name has changed, and indicate c	hange.)				
VMBC, LLC		02048286				
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Alea Code)				
3600 LaBore Road, White Bear Lake, MN 55	110	(651) 482-8266				
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
(if different from Executive Offices)						
Brief Description of Business						
Medical device manufacturing and distribution company. PROCESSED						
Type of Business Organization		Φ				
corporation	limited partnership, already formed	other (please specify): JUL 2 2 2002				
business trust	limited partnership, to be formed Lin	mited liability company				
	Month Year	THOMSON				
Actual or Estimated Date of Incorporation or	Organization: [1] [2] [0] [1]	Actual FINANCIAL Actual				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
CN for	Canada; FN for other foreign jurisdiction)	[M] [N]				
CENEDAL INSTRUCTIONS						

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A PACIC INCAPI	ICATION PATA		
2. Enter the information req	uested for the fall	A. BASIC IDENTIF	TCALION DATA		
•		ownig. ier has been organized wi	thin the nast five years:		
Each beneficial owr	ner having the po	•	r direct the vote or dispos	sition of, 10% or	more of a class of equity
securities of the issu	,				
		•	corporate general and mana	aging partners of p	partnership issuers; and
Each general and ma					
Check Box(es) that Apply:	□ Promoter □	☐ Beneficial Owner	Executive Officer	⊠ Governor	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Segermark, James D.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)		
3600 LaBore Road, White Bo	ear Lake, MN_55	110			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	⊠ Governor	General and/or Managing Partner
Full Name (Last name first, i	f individual)				The first of the second of the
Elliot, David, Jr.					
Business or Residence Addre			le)		
3600 LaBore Road, White Bo	- ON DEED TREASURE AND STREET STREETS	SALES CARROLL CLARECTS, MEST SPECIFICATION C. C. C. SERVEY AND SPECIFICATION OF			_
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	⊠ Governor	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Garrett, Thomas H.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	ie)		
3600 LaBore Road, White Be	ear Lake, MN 55	110	A SAME OF THE SAME		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	⊠ Governor	General and/or Managing Partner
Full Name (Last name first, i Holmes, Stephen	f individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)		
3600 LaBore Road, White Be					
Check Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	⊠ Governor	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Jahnke, Richard	,				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		
3600 LaBore Road, White Be	•		,		
Check Box(es) that Apply:	Promoter .	Beneficial Owner	Executive Officer	Governor	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Krause, David S.					
Business or Residence Addre	ss (Number and S	Street, City, State, Zip Coo	[e)		
3600 LaBore Road, White Be	to a shirt each to a said the				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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	Carrier Contract	A district for		B. IN	FORMA:	FION AB	OUT OFF	ERING		* 4. Alex 3. A		
1. Has t	he issuer so	ld, or does	the issuer	intend to	sell, to nor	n-accredite	ed investor	s in this of	ffering?		Yes □	No ⊠
			Ans	swer also i	n Append	ix, Colum	n 2, if filin	g under U	LOE.			
2. What	t is the minir	num inves	tment that	will be ac	cepted fro	m any ind	ividual?	•••••			\$ <u>N</u>	<u>I/A</u>
	.1 00 1		•		1 1.0						Yes	No
3. Does	the offering	permit jo	int owners.	hip of a si	ngle unit?	****************	•••••			•••••	🛛	Ц
commoffer and/c	the informanission or sing. If a performant with a staniated person	milar rem rson to be te or state s of such a	uneration listed is a s, list the r a broker or	for solicit n associat name of the dealer, yo	ation of p ed person e broker o	ourchasers or agent or or dealer.	in connect of a broker If more th	tion with or dealer an five (5	sales of se registered persons	ecurities in I with the to be listed	n the SEC d are	
	ne (Last nam	•	ndividual)									
	l & Compan		A I 1	1.04	C'1 C1	7: 0	1.)				·	
	or Resident Wisconsin A		•	and Street	, City, Sta	te, Zip Co	de)					
	Associated			-	· · · · -							
	ee, WI 5320:		Dealei									
	Which Pers		Has Solicit	ted or Inte	nds to Sol	icit Purcha	sers					
	"All States"											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	ne (Last nam			<u> </u>						11		
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Business	or Residence	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)					
Name of	Associated	Broker or	Dealer									
States in	Which Pers	on Listed	Has Solicit	ed or Inte	nds to Sol	icit Purcha	sers					
(Check	"All States"	or check	individual	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	_[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nan	ne (Last nam	e first, if i	ndividual)									
Business	or Residence	e Address	(Number	and Street	, City, Star	te, Zip Co	de)			, , , , , ,		
Name of	Associated	Broker or	Dealer								N.	
States in	Which Perso	on Listed	Has Solicit	ed or Inter	nds to Soli	cit Purcha	sers					
	"All States"										\square	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[D1]	[2/2]	[CL5]	[TNI]	[TY]	[TIT]	[VT]	[3/4]	[W/A]	[W/W]	[WI]	[W/V]	(DD)

[Note that the sheet, or copy and use additional copies of this sheet, as necessary.]

1.	C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	<u> </u>	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	¢	\$
		5	
	Partnership Interests	\$	\$
	Other (Specify <u>LLC Membership Unit</u>)	\$8,000,000	\$45,000
		\$ <u>8,000,000</u>	\$45,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Aggregate
		Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors	1	\$45,000
	Non-accredited Investors	N/A	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		Dallan Amount
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$
			φ
	Regulation A	N/A	5
	Regulation 504	N/A	\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	\Box	\$
	Printing and Engraving Costs		\$ 1,000
	Legal Fees		\$ 15,000
	-		
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fee separately)		\$
	Other Expenses (identify) Blue sky filing fees	. 🛛	\$ <u>2,500</u>
	Total		\$18,500

gg very	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES	AND US	E OF PROCE	EDS
	b. Enter the difference between the aggre C – Question 1 and total expenses furnished difference is the "adjusted gross proceeds to the	in response to part C - Question	l.a. This		\$7,981,500
5.	Indicate below the amount of the adjusted grobe used for each of the purposes shown. If furnish an estimate and check the box to the lest listed must equal the adjusted gross proceeds Question 4.b above.	the amount for any purpose is n ft of the estimate. The total of the	ot known, payments		
				Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		🗆 \$	Milliates	□\$
	Purchase of real estate				
	Purchase, rental or leasing and installati				□\$
	Construction or leasing of plant building	· · · · · · · · · · · · · · · · · · ·			□\$ □\$
	Acquisition of other businesses (including		⊔Ψ_		ΔΨ
	in this offering that may be used in exch				
	of another issuer pursuant to a merger).	_	🗆 \$_		□\$
	Repayment of indebtedness		🗆 \$_		\$
	Working capital		🗆 \$		\$ 7,981,500
	Other (specify): ()		□s ⁻	-	s
	(-r				
			_ □\$		Пs
	Column Totals				\$ 7,981,500
	Total Payments Listed (column totals ac			⊠\$	7,981,500
	II.	. FEDERAL SIGNATURE			
he fowritte		y the issuer to furnish to the U.S d by the issuer to any non-accred	. Securitie	s and Exchan	ge Commission, upor
	(Print or Type) C, LLC	Signature D. Sager	nork	Dat	e ure 20,2002
Name	of Signer (Print or Type)	Title of Signer (Print or Type)			
lames	D. Segermark	Chairman			
		1			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).